

# GENERAL FACT SHEET

Fill-in form, tab to next field

BILL NUMBER 10R-301

## BRIEF TITLE

## APPROVED DEADLINE

## REASON

Nebraska Central Community

College Agreement

## DETAILS

## POSITIONS/RECOMMENDATIONS

<p>Agreement between the City of Lincoln on behalf of the Lincoln-Lancaster County Health Department and Nebraska Central Community College to provide clinical training at the Health Department for Nebraska Central Community College health informatics students. Term of agreement - November 1, 2010 - October 31, 2013.</p>	Sponsor	
	Program Departments, or Groups Affected	
	Applicants/Proponents	<p>Applicant</p> <p>City Department</p> <p>Other</p>
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	<p>BY</p> <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

**DETAILS**

**POLICY/PROGRAM IMPACT**

	<b>POLICY OR PROGRAM CHANGE</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES <hr/> <hr/> <hr/>
	<b>OPERATIONAL IMPACT ASSESSMENT</b>	<hr/> <hr/> <hr/>
	<b>FINANCES</b>	
	<b>COST AND REVENUE PROJECTIONS</b>	COST of total project:                      \$ COST of this Ordinance/Resolution                      \$
		RELATED annual operating Costs                      \$
		INCREASE REVENUE EXPECTED/YEAR                      \$
	<b>SOURCE OF FUNDS</b>	CITY [Approximately]
\$ _____		_____ %
\$ _____		_____ %
\$ _____		_____ %
\$ _____		_____ %
\$ _____		_____ %
NON CITY [Approximately]		
\$ _____		_____ %
\$ _____		_____ %
\$ _____		_____ %
<b>BENEFIT COST</b> <input type="checkbox"/> Front Foot                      Average Assessment <input type="checkbox"/> Square Foot    \$ _____                      \$ _____		

APPLICABLE DATES:

FACT SHEET PREPARED BY: Judy Halstead, MS, Health Director

REVIEW BY:

REFERENCE NUMBER